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Kimberly Topper
Center for Drug Evaluation and Research (HFD-21)
FDA
5600 Fishers Lane
Rockville, MD 20857

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Dear Ms. Topper:

I recently received notice that the FDA Anesthetic and Life Support Drugs Advisory Committee published a notice of a meeting to discuss the medical use of opiate analgesics in various patient populations.

As a surgeon I am always in favor of discussion as a means to improve patient care. However; in light of all the recent press regarding illicit activity surrounding opiate medications, including theft and overdose, I am concerned that the focus of the meeting will be an attempt to limit the use of this class of medication.

The committee has stated that one of its purposes is to address concerns regarding abuse potential and increasing addiction to opiate analgesics.

The tone of the agenda worries me. Addiction is a legal term and really has no use in the field of medicine. Dependency is a more appropriate term. Just as a patient with diabetes becomes dependent on insulin, or a hypertensive patient becomes dependent on antihypertensive medications, so can a patient with chronic pain become dependent on pain control medication. These medications to control pain can allow the individual patient to function as a productive member of society. Although there are many non-narcotic medications that are very effective in many patients, there is a group of individual patients who require opiate analgesics to give them any relief from their pain.

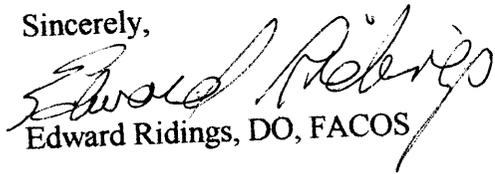
An analogy I occasionally use is relating opiate analgesics to automobiles. Both can be used successfully in our society but both can also be stolen, abused, and cause great harm. We would never consider banning automobiles, we merely established rules of use and methods to enforce these rules.

Licensed physicians require the ability to use opiate analgesics in carefully chosen patients. The treating physicians know the history and underlying condition requiring this level of medication and are the only individuals capable of safely monitoring any patient with chronic pain.

I strongly urge this committee to act in the best interests of our patients. These best interests would be served most effectively by allowing physicians to prescribe medication that they

feel is appropriate for the patient. Putting further limitations on the sale and use of opiate analgesics will only harm many patients.

Sincerely,


Edward Ridings, DO, FACOS